

Maine Integrated Health Management Solution

Enrollment Guide for In-State Individual Providers

Version 6.0



Revision History

Version	Date	Author	Action/Summary of Changes	Status
5.1	11/11/2014	Ryan Albrecht	Updates per CR33834 CAQH CORE III and to current documentation standards	Draft
6.0	12/1/2014	Ryan Albrecht	Finalization per State acceptance email dated 12/1/2014	Final

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1. Introduction

An individual provider is a provider that owns and operates his or her own practice or otherwise provides healthcare services under his or her Social Security Number and a Type 1 Individual NPI. An individual provider may associate to other entities as a rendering provider. An individual provider employed by an organization will be re-enrolled by that organization as a rendering provider when required by MaineCare policy.

- Note that an incorporated individual provider must obtain a Type 2 Organizational NPI in addition to a Type 1 Individual NPI. An incorporated individual provider is considered to be a provider group for this enrollment and must enroll as a Group, using both NPIs. See [Enrollment Guide for In-State Provider Groups](#) for this information.

This *Enrollment Guide for In-State Individual Providers* describes the enrollment process for all individual providers that are located in the state of Maine.

If the provider that is enrolling is either not an individual provider or not located in Maine, refer to the appropriate document:

- [Enrollment Guide for In-State Provider Groups](#)
- [Enrollment Guide for In-State Facilities, Agencies, and Organizations](#)
- [Enrollment Guide for Out-of-State Providers](#)
- [Enrollment Guide for Non-Medicaid Providers](#)

These documents are found in the **Provider Enrollment** link under **Provider Documents** shown on the left menu of the **Provider Tab** on the Maine Integrated Health Management Solution (MIHMS) Health PAS Online Portal (online portal.)

In the following sections, is a list of the information that must be readily available before starting the enrollment process as well as a detailed description of how to complete each of the enrollment steps.

2. Information Needed

Before beginning the enrollment process, gather all of the information necessary to enter during each step. When enrolling an individual provider, it will be useful to have the following information, forms, and other documents on hand:

- For the Pay-To provider:
 - NPI
 - Tax ID—Social Security Number (SSN) and/or Federal Employer Identification Number (FEIN) (FEIN will display even though it is not applicable for an individual provider.)
 - Name, title, and email address of the office contact person
 - Phone numbers—primary (required), secondary, emergency, mobile and fax
 - A copy of the provider's W-9 form
- For the owners and/or board members:

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- The name, FEIN or SSN, tenure dates and address information for all owners and/or board members
 - Information regarding sanctions, exclusions, or convictions of owners and/or board members
 - Information regarding owners' and/or board members' participation in other organizations that bill Medicaid for services
 - The relationships among owners and/or board members
 - Information regarding the provider, owners, and employees with respect to certain legal situations
- For service locations:
 - The physical and mailing addresses of the provider's service location(s)
 - The current Medicaid IDs assigned to the provider's service location(s)
 - A list of any languages spoken by the provider and his or her staff, in addition to English
 - General information about each service location, such as accessibility, office hours, whether the service location is accepting new patients, and the age range and gender restriction for patients
 - The provider type/specialty pairs that represent the provider's practice, as well as all licensing and certification documents for those provider type/specialty pairs
 - Information about participation in MaineCare programs, including specifics for the Primary Care Case Management (PCCM) program, if applicable
- For financial electronic funds transfer (EFT) information:
 - Provider's account number with financial institution and the type of account
 - Name on the account
 - Financial institution routing number
 - Financial institution name, address, city, state, zip code, and telephone number
 - Vendor/provider email address for EFT information

3. System Requirements

To successfully use all provider enrollment features of the online portal, ensure that computer systems meet the following minimum requirements:

- Reliable online connection
- Web browser—the latest version of Microsoft Internet Explorer is recommended. As new versions of Internet Explorer become available it is recommended that these versions are used.
- The latest version of Adobe Acrobat Reader

4. About the User Interface

4.1 *Change the Text Size*

Every window of the provider enrollment application allows the user to customize the size of the displayed text, as shown in **Figure 4-1** below.



Figure 4-1: Text Size Buttons in Title Bar

Initially, the text is shown in its smallest available size and only the Increase Text Size button appears in the title bar. By clicking the **Increase Text Size** button, the text size increases and the Decrease Text Size button appears.

Adjust the text size to suit, as needed. The selection endures until the user changes it again.

4.2 *Use the Navigation Features*

Every window of the enrollment application has a set of standard navigation features, including:

- **The left menu.** Shown on the left side of each page in Figure 4-2 below. The left menu provides a list of all the enrollment steps, to guide the user to where they are in the process. Note that, although the menu items are clickable, it is recommended to not skip from one step to another during the initial completion of the enrollment application.
- **The standard buttons.** Located below the fields on each enrollment application window are a set of buttons that enable the user to perform certain actions, as shown in Figure 4-2 below. The available actions depend on the purpose of the window. However, most windows include the **Next**, **Previous**, and **Save and Close** buttons, which allow the user to navigate to the next window, go back to the previous window, or save the application in its incomplete state, respectively.

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The locations of these features are shown in **Figure 4-2** below.

The screenshot displays the 'Maine Provider Enrollment' application window. On the left, a vertical menu is highlighted with a red box and labeled 'Left menu' with a red arrow. The menu includes options like 'Pay-To Provider(s)', 'NPI', 'Address Information', 'Ownership/Board', 'Owner Relationships', 'Owner Business Questions', 'Legal Information', 'Service Location(s)', 'Rendering Provider(s)', 'Additional Terms', 'Financial Agreement', 'Documentation', and 'Signature and Submission'. The main area shows 'Owner Business Questions' for an 'Enumerated As: Type 1 - NPI Individual'. It contains ten numbered questions with 'Yes' and 'No' radio button options. At the bottom right, a red box labeled 'Standard buttons' with a red arrow points to 'Next', 'Previous', and 'Save and Close' buttons.

Figure 4-2: Location of the Left Menu & Standard Buttons

Notice that there are header fields, which will appear on every Provider Enrollment window, as shown in **Figure 4-3** below.

This screenshot focuses on the header section of the 'Maine Provider Enrollment' application. A red box labeled 'Header fields' with a red arrow points to the top navigation bar. This bar includes the 'Owner Business Questions' tab, the 'Enumerated As: Type 1 - NPI Individual' indicator, and three data fields: 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'.

Figure 4-3: Header Fields

The top line shows the window name and an indicator of how the provider enumerated their NPI.

The second line shows the Pay-To provider ID, the enrollment case number, and the enrollment application status.

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Additional information, such as service location name or rendering provider name, can appear in the header fields, depending on the window being viewed. The header field content is appropriate to the context of the window.

5. Reference Materials:

There are three Reference Guides available to assist users in their enrollment. These are located on the **Provider Tab** of the online portal, under **Provider Documents**, **Provider Enrollment**, under the **Special Tools** folder.

The Reference Guides for enrollment are:

- [Reference Guide for Valid Provider Type-Specialty Pairs](#)
- [Reference Guide for Allowed Services by Provider Types](#)
- [Reference Guide for Standard Abbreviations and Postal Information](#)

6. Choose the Correct Provider Enrollment Link

On the online portal Provider Tab, users have access to a series of quick links. The links, which are located on the far left side of the Provider page, are shown in the **Figure 6-1** below.

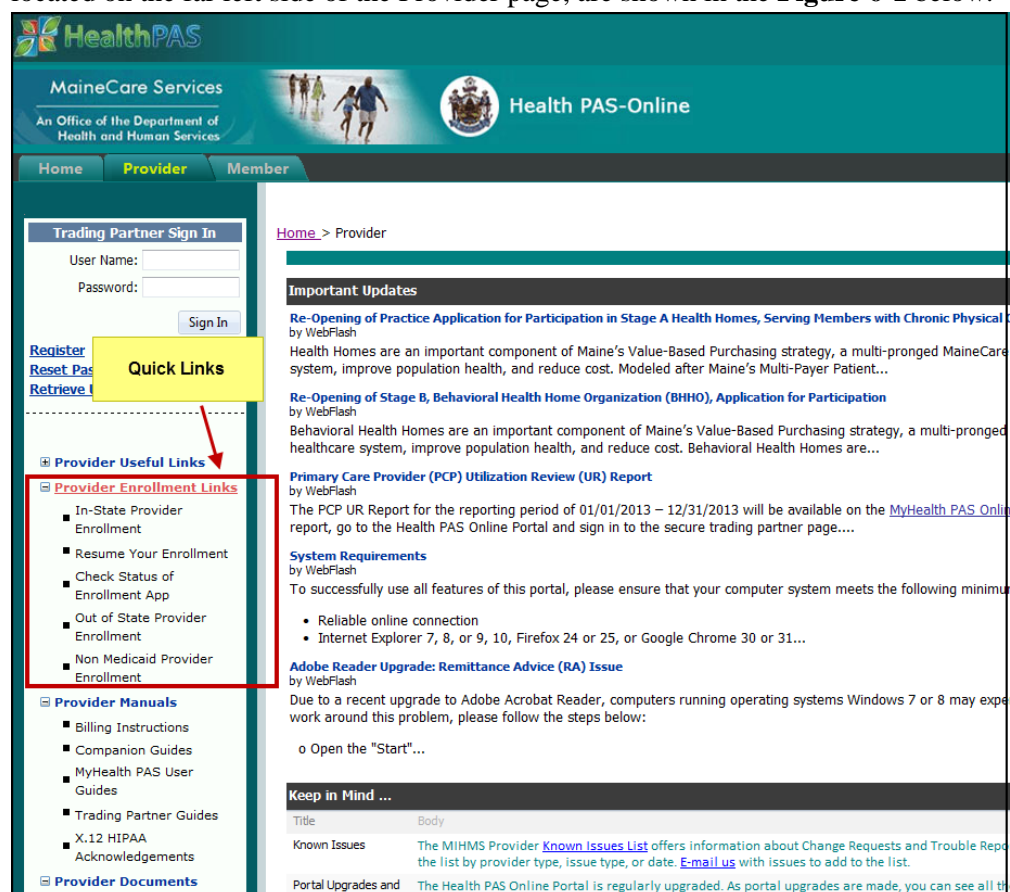


Figure 6-1: Quick Links on the Provider Tab

To begin an in-state enrollment, choose the **Provider Tab**. Select the **Provider Enrollment** links, choose **In-State Provider Enrollment**. After clicking the link, the Start Re-Enrollment window is displayed. Continue to the next section.

7. Provide Enumeration Information

The first Provider Enrollment window is the Start Re-Enrollment window, as shown in **Figure 7-1** below.

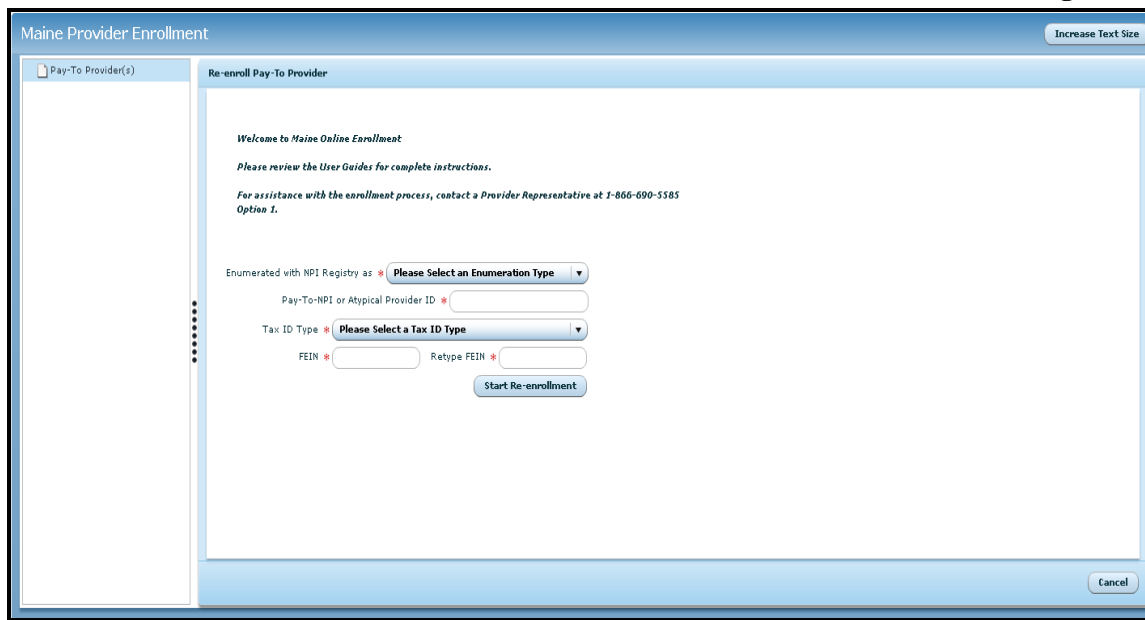


Figure 7-1: Start Re-Enrollment Window

On this window, specify how the provider has enumerated under the Centers for Medicare and Medicaid Services (CMS) NPI Registry rules. Required fields are indicated by a red asterisk. Follow these steps:

1. Choose the NPI type that is registered with National Plan and Provider Enrollment System (NPPES) in the drop down labeled **Enumerated with NPI Registry As**. If the provider is not required to obtain an NPI, choose Atypical. This is required information.
2. In the **Pay-To NPI or Atypical Provider ID** field, supply the NPI. For non-atypical providers, this is a required field. This field will not display for atypical providers.
3. In the **Tax ID Type** drop down, indicate which Tax ID type is registered with the IRS on the Form 1099 for this provider entity, either Federal Employer Identification Number (FEIN) or Social Security Number (SSN).
For an individual provider, later in the application, the provider's SSN may be supplied, if available.

After making the selection in this drop down, the fields below are labeled to reflect the Tax ID type that was selected.

4. In the **FEIN/SSN** field, specify the provider's Federal Employer Identification Number or Social Security Number as appropriate. Repeat the identical number in the **Retype FEIN/SSN** field.

Verify that the information on this window is correct, and make any necessary modifications.

Do one of the following:

- To submit the information entered and continue to the next enrollment step, click the **Start Re-enrollment** button. Continue with the next section.
- To cancel all changes, click the **Cancel** button.

8. Complete the Pay-To Provider Segment

8.1 *Verify Enumeration Information and Provide Business Contact Information*

The initial Business Information window displays the enumeration information contained in the CMS NPI Registry for the NPI the user supplied on the Start Re-enrollment window and the user to specify contact information. An example of this window appears in Error! Reference source not found. below.

The screenshot shows the 'Business Information' window with the title 'Enumerated As: Type 1 - NPI Individual'. The header includes 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. The main content area is divided into several sections:

- Tax ID Type:** A note states 'Your FEIN is displayed but cannot be changed. You may add your SSN to this application if you wish.' Below this are input fields for 'FEIN', 'SSN', and 'Retype SSN'.
- Name:** A note states 'The name shown was either extracted from our records or the CMS NPI Registry. This name must match the name on your W-9.' To the right is a checkbox with the text: 'Please check this button if you need to modify the CMS-supplied name shown in the fields below. The changes made on this screen only affect MaineCare data. In order to change or correct the provider's name in the NPI Registry, you must contact CMS.' Below this is a note: 'You must supply your Last Name and First Name as it appears on your W-9 on the line labeled "Name (as shown on your income tax return)".' At the bottom are input fields for 'First Name' and 'Last Name'.
- Office Contact:** A section with input fields for 'Contact Name *', 'Title', 'Email *', and 'Retype Email *'. A note below states: 'An email will be sent to this address containing your Enrollment Case Number. You will be asked for this case number as a security check, when updating or modifying your Enrollment Application.'
- Pay-To:** A section with input fields for 'Primary Phone *', 'Secondary Phone', 'Emergency Phone', 'Mobile Phone', and 'Fax'. At the bottom is a dropdown menu for 'Pay-To Gender *' with the text 'Please Select Pay-To Gender'.

Figure 8-1: Business Information Window

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Notice that the following fields are displayed below the header bar:

- **Pay-To Provider ID** field, which shows the NPI which was provided on the Start Re-Enrollment window.
 - The **Enrollment Case #** field, which shows the application's case number. The user will need this number later to perform such actions as continuing or modifying the enrollment application.
 - The **Status** field, which provides the indicator of the application's status. Because the user is entering application information for the first time, this field displays NEW.
1. In the Tax ID Type section, will show the FEIN the user provided on the Start Re-Enrollment window. If the provider also has a SSN, the user may enter it in the **SSN** and **Retype SSN** fields. As on the Start Re-Enrollment window, the numbers in these two fields must be identical.
 2. In the Name section, it is necessary to supply the name of the individual provider enrolling as it appears on the W-9 on the line labeled "Name (as shown on the provider's income tax return)." Refer to the preprinted labels from the IRS on documents such as income tax returns, payroll deposit coupons or similar filings to verify the name and TIN that the IRS has on file for the entity. If the name shown there does not match the W-9, choose the checkbox which allows the user to edit the first and last name fields, see Error! Reference source not found. above.

NOTE: Any changes made to the name information on this window affect only the provider's enrollment application. To make changes in the NPI record, the user must also contact CMS and follow their procedures.

If the NPI and name information are both correct, continue with the next step.

3. In the Office Contact section, provide contact information for the provider.
 - a. In the Office Contact field, type the contact person's name. This is a required field.
 - b. In the Title field, specify the contact person's title. Examples of titles include Office Manager, Administrative Assistant, and M.D.
 - c. In the Email Address field, type the contact person's business (or work) email address. The email address should be in the format *userid@domain.com*. This is a required field.

NOTE: An email containing the Enrollment Case Number (ECN) will be sent to this address. If the email does not arrive in the recipient's Inbox, check the junk mail or the spam folder.

- d. In the Retype Email Address field, retype the email address as it was entered in the previous field.
4. In the Pay-To section, provide phone numbers. In the Primary Phone, Secondary Phone, Emergency Phone, Mobile Phone, and Fax fields, any numbers associated with the NPI number are populated automatically. Of these fields, only the Primary Phone field is required.

NOTE: The numbers displayed may be modified, but the changes will affect only the provider's enrollment application. To make changes in the NPI record, the user must contact CMS and follow their procedures.

5. In the Gender field, indicate the provider's gender. The choices are Male, Female, or None. (Select "none" if the provider prefers not to specify.) This is a required field.

Do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Continue with the next section.
- To save and continue the enrollment process later, click the **Save and Close** button.
- To cancel all changes, click the **Delete** button.

8.2 Indicate Pay-To/W-9 Address, Type of Entity, and Exempt Payee Status

On the Address Information window, the user may specify the Pay-To/W-9 address and the type of business entity. The Address Information window is shown in Error! Reference source not found. below.

The screenshot shows a web form titled "Address Information" with a subtitle "Enumerated As: Type 1 - NPI Individual". At the top, there are three fields: "Pay-To Provider ID: NPI -", "Enrollment Case #:", and "Status: NEW". Below these is a section titled "Pay-To / W-9 Information (Must match W-9 form)". This section contains several input fields and dropdown menus: "Pay-To / W-9 Name *" (text box), "W-9 Business Name" (text box), "Address 1 *" (text box), "Address 2" (text box), "ZIP/Postal Code *" (text box), "City *" (dropdown menu with "Enter a valid ZIP/Postal Code" as the selected option), "County *" (dropdown menu with "Enter a valid ZIP/Postal Code" as the selected option), "State/Province *" (dropdown menu with "Enter a valid ZIP/Postal Code" as the selected option), and "Country *" (dropdown menu with "Enter a valid ZIP/Postal Code" as the selected option). To the right of these fields are two more controls: "Type of Tax Entity *" (dropdown menu with "Please Select Tax Entity Type" as the selected option) and "Exempt Payee?" (radio buttons for "Yes" and "No", with "No" selected).

Figure 8-2: Address Information

Follow these steps to specify the Pay-To/W-9 address and other information.

NOTE: *This information must match the information that appears on the provider's W-9 form.*

1. In the Pay-To/W-9 Information fields, provide the name and address information that appears on the provider's W-9 form.
 - a. In the Pay-To/W-9 Name field, type the provider's legal name. This is a required field.
 - b. In the W-9 Business Name field, type the business name, if it differs from the provider's name. Follow the specific instructions that appear on page 2 of the W-9 form and apply the same rules here.
 - c. In the Address 1 field, type the first line of the Pay-To/W-9 address. This is a required field.
 - d. In the Address 2 field, type the second line of the address, if applicable. Do not enter city and/or state on this line.

- e. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
 - f. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.
2. In the Type of Tax Entity field, choose the type of business entity noted on the provider's W-9 form. This is a required field. If the Other option is selected, an explanation is required in the field that appears.
3. In the Exempt Payee field, indicate whether the provider is exempt from backup withholding. This is a required field.
In general, this does not apply to individuals (including sole proprietors). Corporations are exempt from backup withholding for certain types of payments (for example, interest and dividends).
Refer to the W-9 form instructions (available from the Internal Revenue Service or from <http://www.irs.gov>) for additional information.

Do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.
- To save the enrollment progress and return to the previous step, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.

8.3 Identify Owners or Board Members

Federal Medicaid regulation 42 CFR §455.104 requires providers to disclose ownership information. In the next three windows, users will be asked to provide demographic and legal information for all owners or board members with five percent (5%) or greater shareholding in the organization.

On the Ownership/Board window, as shown in Error! Reference source not found. below, enter the owners' or board members' names and addresses.

NOTE: *It is required to provide information about at least one owner. In the case of an individual provider who owns his or her practice, they must provide information about themselves.*

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Ownership Information		Enumerated As: Type 1 - NPI Individual)												
y-To Provider ID: NPI -	Enrollment Case #:	Status: NEW												
<p>Ownership Information</p> <p>In accordance with Form CMS1513 - Ownership and Control Interest Statement, list the names of all individuals and organizations having direct or indirect ownership interest, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.</p> <p>At least one Owner/Board member record is required.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="width: 25%;">First Name</th> <th style="width: 25%;">Last Name</th> <th style="width: 50%;">Address</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <div style="margin-bottom: 10px;"> Type * <input checked="" type="radio"/> Owner <input type="radio"/> Board Member <input type="radio"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> First Name * <input style="width: 90%;" type="text"/> FEIN / SSN <input style="width: 90%;" type="text"/> Begin Date (MM/DD/YYYY) * <input style="width: 90%;" type="text"/> Address 1 * <input style="width: 90%;" type="text"/> ZIP/Postal Code * <input style="width: 90%;" type="text"/> City * <input style="width: 90%;" type="text"/> Enter a valid ZIP/Postal Code State Or Province * <input style="width: 90%;" type="text"/> Enter a valid ZIP/Postal Code </div> <div style="width: 45%;"> Last Name * <input style="width: 90%;" type="text"/> Term Date (MM/DD/YYYY) <input style="width: 90%;" type="text"/> Address 2 <input style="width: 90%;" type="text"/> County * <input style="width: 90%;" type="text"/> Enter a valid ZIP/Postal Code Country * <input style="width: 90%;" type="text"/> Enter a valid ZIP/Postal Code </div> </div> <div style="margin-top: 10px;"> Has this person ever been sanctioned, excluded or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program (42 CFR 455.106)? <input checked="" type="radio"/> Yes <input type="radio"/> No </div> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Add Owner/Board Member"/> <input type="button" value="Cancel Add"/> </div>			First Name	Last Name	Address									
First Name	Last Name	Address												

Figure 8-3: Ownership Information

To create the list of owners or board members, follow these steps:

1. Select the radio button to indicate whether the person the user is describing is an owner or a board member. This is a required field
2. Type the first and last names of the owner or board member in the First Name and Last Name fields, respectively. These are required fields.
If the owner the user is describing is an organization, specify that organization's FEIN in the FEIN field. This field is required only if the owner is an organization.
3. In the Begin Date and End Date fields, indicate the dates of the owner's or board member's tenure. (Ensure the dates are entered in the format MM/DD/YYYY.) The Begin Date is a required field.
4. Complete the address fields.
 - a. In the Street Address 1 field, type the first line of the owner or board member's street address. This is a required field.
 - b. If applicable, type the second line of the street address in the Street Address 2 field .Do not enter the city and/or state in this field.
 - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
 - d. After entering the ZIP or Postal Code, the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

5. Indicate whether the owner or board member the user has identified has ever been sanctioned, excluded, or convicted of a criminal offense related to Medicare, Medicaid, or any federal agency or program. Choose either **Yes** or **No**.

Do one of the following:

- To add the current owner or board member and add another owner or board member, click the **Add Owner/Board Member** button.
- To add the current owner or board member and continue to the next step, click the **Add Owner/Board Member** button, and then click the **Next** button. Proceed with the next section.
- If one or more owners or board members have been entered and the supporting information must be edited, select the person in the **Owner/Board Members table**. The online portal automatically displays the supporting fields, containing the information supplied previously. Edit the supporting information as necessary, and then click Save Owner/Board Member to save the changes.
- If the user has added or edited one or more owners or board members, but must discard the changes, click the **Cancel Edit** button.
- To remove an owner or board member from the list, select the person in the **Owner/Board Members table**. Click the **Delete** button. The online portal removes the owner or board member from the list.
- To save the enrollment progress and return to the previous step, click the **Previous** button. Return to the previous section.
- To save and continue with the enrollment process later, click the **Save and Close** button.

8.4 Define Owner Relationships

After identifying all owners and/or board members, the next step is to define relationships among those owners as well as the owners' and/or board members' relationships to other organizations that bill Medicaid for services. An example of the Owner Relationships window appears in Error! Reference source not found. below.

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The screenshot shows a web application interface for provider enrollment. At the top, a header bar contains the text 'Owner Relationships' and 'Enumerated As: Type 1 - NPI Individual'. Below this, a sub-header shows 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. The main content area is divided into two panes. The first pane, titled 'Relationships', contains a question: 'Are any Owners / Board Members of this entity related to any other Owners / Board Members of this entity?' with radio buttons for 'Yes' and 'No'. Below the question is a table with three columns: 'Owner 1', 'Relationship', and 'Owner 2'. The table has three empty rows. Below the table are three dropdown menus labeled 'Owner 1', 'Relationship', and 'Owner 2', each with a 'Choose a valid' label and a dropdown arrow. To the right of these are 'Add Relationship' and 'Cancel Add' buttons. The second pane, titled 'Other Ownership or Control Interest', contains a question: 'Does any owner or board member have ownership or control interest in other organizations that bill Medicaid for services? If so, please specify.' with radio buttons for 'Yes' and 'No'. Below the question is a table with three columns: 'Organization or Legal Business Name', 'NPI / Medicaid ID', and 'Address'. The table has three empty rows. Below the table are several input fields: 'Business Name', 'NPI / Medicaid ID', 'FEIN / SSN', 'Address 1', 'Address 2', 'ZIP/Postal Code', 'City', 'County', 'State Or Province', and 'Country'. Each field has a red asterisk indicating it is required. The 'City', 'County', 'State Or Province', and 'Country' fields have dropdown arrows. To the right of these fields are 'Add Interest' and 'Cancel Add' buttons.

Figure 8-4: Ownership Relationship

Notice that there are two panes on this window, and each pane contains an initial question that must be answered. In either pane, if the response is **Yes** to the question, the remaining fields in the pane must be completed, as indicated.

To complete the **Relationships** pane, follow these steps:

1. Indicate whether any owners or board members are related as spouses, siblings, or parents and children. Do one of the following:
 - If there are related owners or board members, choose **Yes** and continue.
 - If there are no related owners or board members, choose **No** and skip to the instructions for the [Other Ownership or Control Interest](#) pane.
2. Indicate which owners are related to one another by choosing their names from the Owner 1 and Owner 2 lists and select the type of relationship from the Relationship list.
3. Click the **Add Relationship** button to save the relationship data and add a summary to the table in this pane.

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4. Repeat steps 2 and 3 until all relationships are defined. If there are no more relationships to define, continue with the instructions for the [Other Ownership or Control Interest](#) pane.

In the **Other Ownership or Control Interest** pane, the user must identify any other organization that bills Medicaid for services to which an owner or board member has ownership or controls interest. Follow these steps:

1. Indicate whether any owners or board members have ownership or control interest in other organizations that bill Medicaid for services. Do one of the following:
 - If this situation applies, choose **Yes** and continue.
 - If this situation does not apply, choose **No**. There are no additional fields to complete.
2. In the Business Name field, type the name of the organization that the owner or board member owns or in which they have a controlling interest. This is a required field.
3. In the NPI/Medicaid ID field, specify the NPI associated with the organization. This is a required field.
4. In the FEIN/SSN field, specify the FEIN or SSN associated with the organization. This is a required field.
5. Complete the address fields. Unless otherwise noted, all fields are required.
 - a. In the Address 1 field, type the first line of the organization's street address.
 - b. If applicable, type the second line of the street address in the Address 2 field. Do not enter city and/or state in this field.
 - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address.
 - d. After entering the ZIP or Postal Code, the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

Do one of the following:

- To add this organization, click the **Add Interest** button. A summary of the organization's information appears in the table.
- To cancel the addition of this organization, click the **Cancel Add** button.

Do one of the following:

- If the user has added an interest and another interest must be added, return to [step 1](#).
- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.
- To save the enrollment progress and return to the previous window, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.

8.5 Respond to Business Questions

After defining any owner relationships, the user must respond to a set of business questions. An example of the Owner Business Questions window is shown in Error! Reference source not found. below.

The screenshot shows a web-based enrollment window titled "rollment" in the top left corner. In the top right corner, there is a button labeled "Increase Text Size". Below the title bar, the window is divided into two main sections. The left section is titled "Owner Business Questions" and contains the following information: "Pay-To Provider ID: NPI - [redacted]", "Enrollment Case #: [redacted]", and "Status: NEW". The right section is titled "Enumerated As: Type 1 - NPI Individual)". Below this, the "Business Questions" section contains ten numbered questions, each with a red asterisk (*) indicating it is required. The questions are: 1. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX or XX? 2. Are there any directors, officers, agents or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX or XX? 3. Are there any individuals currently employed by the institution, agency or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only) 4. Has there been a change in ownership or control within the last year? 5. Do you anticipate any change of ownership or control within the year? 6. Do you anticipate filing for bankruptcy within the year? 7. Is this facility operated by a management company, or leased in whole or part by another organization? 8. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year? 9. Is this facility chain affiliated? Below question 9 is a follow-up question: "Was the facility ever affiliated with a chain?" 10. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years? Each question has three radio buttons: "Yes", "No", and a third button with a red dot. At the bottom of the window, there are three buttons: "Next", "Previous", and "Save and Close".

Figure 8-5: Owner Business Questions

To complete this window, carefully read and consider each question and then select a response. All questions are required.

NOTE: If a response is **Yes** to certain questions, a follow-up question will appear. In these cases, the user must also respond to the follow-up question. Use the red asterisks (*) that appear to determine what fields are required.

After responding to all questions on this window, do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.

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- To save the enrollment progress and return to the previous step, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.

8.6 Provide Legal Information

The final window in the Pay-To segment is the Legal Information window. This contains another set of questions to which the user must respond. An example of this window is shown in Error! Reference source not found. below.

Legal Information Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Have you or any owner or employees ever had:

An Assessment taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
An Administrative Sanction taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Suspension of Payment taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Restitution Order taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Program Exclusion taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Program Debarment taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Pending Criminal Judgment taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Pending Civil Judgment taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Judgment Pending Under False Claims Act taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Criminal Fine taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
A Civil Monetary Penalty taken against you?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Have you or any owner or employees ever been:

Convicted of any health related crimes?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Convicted of a crime involving the abuse of a child or an elderly adult?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Do you, any owners or employees have ownership interest in any entity that provide services to a Medicaid provider/supplier?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

If you answer 'yes' to any of these questions, please complete the explanation box.

Explanation:

Figure 8-6: Legal Information

To complete this window, carefully read and consider each question and then select a response. All questions are required.

NOTE: It is required to provide an explanation for each **Yes** response in the Explanation box at the bottom of the window. Be complete and thorough in the explanation(s).

After responding to all questions on this window, do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.
- To save the enrollment progress and return to the previous step, click the **Previous** button.
- To save and continue the enrollment process later, click the **Save and Close** button.

9. Complete the Service Location Segment

9.1 Overview

In the Service Location segment, the user can identify all service locations for the provider being enrolled, as well as, provide demographic and provider type-specialty information for each service location. The user must fully describe one service location before identifying and describing subsequent service locations.

Each service location must be supplied a unique name, which will be used to identify the location when submitting claims. In addition, each service location is assigned a three-digit number which, when appended to the end of the provider's Pay-To NPI, creates a unique numeric identifier for each service location.

9.2 Provide a Service Location Name

Identify a name for the service location. If enrolling with multiple service locations, each location must have a unique name. On the Add Service Location window, as shown in **Figure 9-1** below, provide a designator that will help to easily identify this service location later, such as "Main Street office" or "Augusta location".

The screenshot displays the 'Maine Provider Enrollment' application interface. A sidebar on the left lists various enrollment steps, with 'Service Location' currently selected. The main window shows a table for 'Service Locations' with columns for 'Site Name' and 'Service Location #'. Overlaid on this is a modal dialog box titled 'Add Service Location'. The dialog box contains the following text:

Instructions: If you only provide services at the pay to physical address, enter a site name and click continue.

Otherwise, please note that each service location must have a unique service location name.

If you have more than one service location, the system will automatically assign the service location a 3 digit code. You must use this digit code on all claims for this service location.

Enter a unique service location name in the site name field and click add.

If you are finished adding service locations, click No, I'm Done.

At the bottom of the dialog box, there is a text input field labeled 'Site Name: *' and two buttons: 'Add' and 'No, I'm Done'.

Figure 9-1: Add Service Location

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Type the name of the service location in the **Site Name** field, and then click **Add**. The online portal displays the Service Location window. Continue with the next section.

9.3 Specify Addresses and Provider Directory Information

After specifying a name for the service location, the user must supply address information and, optionally, other information for inclusion in the MaineCare Provider Directory. An example of the Service Location window is shown in **Figure 9-2** below.

The screenshot shows the 'Service Location' window. At the top, it displays 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. Below this, a note states: 'If providing service in the home, provider should indicate office location.' The 'Service Location #' is set to '-001'. The window is divided into two main sections: 'Physical Address' and 'Mailing Address'. Each section has a 'Set same as Pay-To W9 Address' button. The 'Physical Address' section includes fields for Address 1, Address 2, ZIP/Postal Code, City, County, State/Province, Country, Phone, and Fax. The 'Mailing Address' section includes fields for Address 1, Address 2, ZIP/Postal Code, City, County, State/Province, and Country. Below these sections, a note states: 'The following information is requested for the Provider Directory. If you are a PCCM provider, this information is mandatory.' The 'Current Medicaid IDs for This Service Location' section includes a 'Delete' button and a 'Medicaid ID' field with an 'Add' button. The 'Office Hours' section includes a table with columns for 'Day of Week', 'Closed?', and 'Open From Time - To Time HH:MM followed by AM or PM'. The 'Handicap Accessible?' section includes radio buttons for 'Yes' and 'No'. The 'Accepting New Patients?' section includes radio buttons for 'Yes' and 'No'. The 'Patient Age' section includes 'Min:' and 'Max:' fields. The 'Gender Restriction' section includes radio buttons for 'None', 'Female Only', and 'Male Only'. The 'Additional Languages Spoken' section includes a list box with options: ACHOLI, AFRIKAANS, and ALBANIAN.

Day of Week	Closed?	Open From Time - To Time HH:MM followed by AM or PM
Monday	<input type="checkbox"/> Closed	-
Tuesday	<input type="checkbox"/> Closed	-
Wednesday	<input type="checkbox"/> Closed	-
Thursday	<input type="checkbox"/> Closed	-
Friday	<input type="checkbox"/> Closed	-
Saturday	<input type="checkbox"/> Closed	-
Sunday	<input type="checkbox"/> Closed	-

Figure 9-2: Service Location

To complete the address information on this window, follow these steps:

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1. Indicate the service location's physical address. If this physical address is the same as the Pay-To/W-9 address that was specified previously, click the **Set Same as Pay-To/W-9 Address** button. The online portal automatically populates the address fields below this button.
2. If the physical address is different from the Pay-To/W-9 address, complete the address fields.
 - a. In the Address 1 field, type the first line of the physical address. A street address must be specified in this field, **not a post office box**. This is a required field.
 - b. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.
 - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
 - d. After entering the ZIP or Postal Code, the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.
 - e. In the Phone field, specify the service location's phone number. This is a required field.
 - f. In the Fax field, specify the service location's fax number, if available.

Indicate the service location's mailing address. If this mailing address is the same as the Pay-To/W-9 address that was specified previously, click the **Set Same as Pay-To/W-9 Address** button. The online portal automatically populates the address fields below this button.

3. If the mailing address is different from the Pay-To/W-9 address, complete the address fields.
 - a. In the Address 1 field, type the first line of the physical address. This is a required field.
 - b. If applicable, type the second line of the physical address in the Address 2 field. Do not enter city and/or state in this field.
 - c. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
 - d. After entering the ZIP or Postal Code, the City, County, State/Province, and Country fields are automatically populated. Verify that these fields contain the correct information.

The remaining fields on this window request information for the MaineCare Provider Directory. If the provider participates in the Primary Care Case Management (PCCM) program, these fields are required. If the provider does not participate in PCCM, the fields are optional.

To complete the provider directory fields, follow these steps:

1. In the Current Medicaid IDs for This Service Location area, list all of the old MaineCare identification numbers previously assigned to or used by this service location.
 - To add a MaineCare ID, type the number in the Medicaid ID box and click the **Add** button. The online portal adds the number to the list.
 - To remove a MaineCare ID from the list, select a number from the list and click the **Delete** button.
2. If the provider(s), or other staff members at this service location speak one or more languages in addition to English, check the boxes next to the appropriate languages in the Additional Languages Spoken field.

3. In the Office Hours table, indicate when services are available at the service location for each day of the week.
 - For days when services are not available, click the **checkbox** next to Closed.
 - For days when services are available, indicate the times between which the service location is open. Use the format HH:MM to indicate the time, and specify AM or PM as appropriate for each time. Note that noon is 12:00 p.m. and midnight is 12:00 a.m.

NOTE: Office hours information must be supplied for all seven days.

4. In the Handicap Accessible field, indicate whether this service location is accessible. Choose either **Yes** or **No**.
5. In the Accepting New Patients field, indicate whether this service location is accepting new patients. Choose either **Yes** or **No**.
6. In the Patient Age fields, indicate the minimum and maximum ages of patients that can receive services at this location. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.
7. In the Gender Restriction field, indicate whether there is a gender restriction for patients at this location. Do one of the following:
 - If there is no gender restriction, select **None**.
 - If services are restricted to female patients only, select **Female Only**.
 - If services are restricted to male patients only, select **Male Only**.

After completing the fields on this window, do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.
- To save the enrollment progress and return to the previous window, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.
- To delete this service location, click the **Delete** button.

9.4 Select and Define Provider Types and Specialties

After specifying address and, optionally, provider directory information, the user must select and define the provider types and specialties that describe the provider's practice at the current service location. On the Provider Type and Specialty window, the user can add one or more provider type-specialty pairs. An example of the Provider Type and Specialty window is shown in **Figure 9-3** below.

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Provider Type & Specialty

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Specialties

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)

Provider Type * Please select a Provider Type

Specialty * Please select a Specialty

Begin Date (MM/DD/YYYY) *

Term Date (MM/DD/YYYY) *

Add This Specialty Cancel Add

Next Previous Save and Close

Figure 9-3: Provider Type and Specialty for SL

The example in **Figure 9-3** above shows this window in its initial state. Depending on the selections made from the Provider Type list and the Specialty list, this window dynamically updates to include the appropriate fields needed to describe the provider's licensure, certification, education, and/or other supporting documentation for the provider type-specialty pair.

Additionally, depending on the provider type-specialty pair that has been selected, this window might display one or more questions related to MaineCare program participation, laboratory services, and prescribing privileges. Use the red asterisks (*) that appear on the window to determine what fields are required. Be aware that the asterisks can also appear dynamically, depending on selections and field entries.

Depending on the provider type and specialty chosen additional items may be required. **License**, **certification** and **bonding** information may be required as well.

Provider Type & Specialty			
Pay-To Provider ID: NPI -	Enrollment Case #:	Status: NEW	

Specialties

Provider Type	Specialty	Begin Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)

Provider Type * Audiologist ▼

 Specialty * AUDIOLOGY ▼

Begin Date
(MM/DD/YYYY)
*

Term Date
(MM/DD/YYYY)

Questions: * Are you a licensed Hearing Aid Dealer? (if yes - please mail in Hearing Aid Dealer License) Yes ☐ No ☒

License Type * ▼

 Certification Type ▼

 Education

 Medicare Cert #

Begin Date
(MM/DD/YYYY)

Term Date
(MM/DD/YYYY)

Level

▼

Add This Specialty Cancel Add

Follow the guidelines below to complete the fields that appear on this window-see **Figure 9-4** above. Remember only those fields that apply to the provider type-specialty pair are displayed, all of the fields described below may or may not be displayed. If the appropriate provider type-specialty pair(s) is not known for the provider's practice, refer to the [*Reference Guide for Valid Provider Type/Specialty Pairs*](#) available on the online portal.

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Last updated: 12/01/2014

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now. Another provider type-specialty pair may be added after completing the information for the current one.) Continue with the next step.

- If the provider type has only one possible specialty, the online portal automatically selects it. Continue with the next step.
- If the provider type does not require a specialty, the online portal automatically displays ***No Specialty Required*** in this field. Continue with the next step.

In the fields beside the Specialty list, indicate the dates on which the provider began practicing this specialty (required) as well as the date on which the provider will stop practicing this specialty (optional: enter only if known).

3. Complete the following fields only as they apply to the provider type-specialty pair that selected. Use the red asterisks (*) that appear on the window to determine what fields are required.

Be aware that the asterisks can also appear dynamically, depending on the selections and field entries. In addition, depending on the window resolution and size of the browser window, the user may need to scroll to the right to see all fields.

Respond to any questions that appear on the window. The questions are populated automatically, based on provider type and specialty. For some provider type-specialty pairs, no questions will be displayed.

Responses to some questions will result in the dynamic addition of more requested information on this window.

4. In the License Type field, choose the licensing entity from the provided list. If the licensing entity needed does not appear in the list, choose **Other**. If the provider holds multiple licenses for a specialty, choose **Multiple**.
 - a. If Other or Multiple are selected, there are no additional fields to complete in the License group. After the completion of the online application, the user will be required to mail a copy of the provider's license(s).
 - b. Otherwise, in the License # field, supply the number of the license. In the fields beside the License # field, specify the dates on which the license became valid (required) as well as the license's term date (required).
5. In the Certification Type field, choose the certifying entity from the provided list. If the certifying entity needed does not appear in the list, choose **Other**. If the provider holds multiple certificates for a specialty, choose **Multiple**.
 - a. If Other or Multiple are selected, there are no additional fields to complete in the Certificate group. Otherwise, in the Certificate # field, supply the number of the certificate. In the fields beside the Certificate # field, specify the dates on which the certificate became valid as well as the certificate's term date.
 - b. After the completion of the online application, the user will be required to mail a copy of the provider's certificate(s). The system will not prompt with a reminder, the user must do this or the application will be considered incomplete without it.

In addition, enrollment applications must include a signed [AdvantageME Vendor Activation Form](#). This form is available on the left menu of the **Provider Tab** on the **online portal** under **Provider Useful Links**. It must be completed, signed, printed and mailed in with the signed provider agreement for the

application to be processed. The system will not prompt with a reminder, the user must do this or the application will be considered incomplete without it.

6. In the Education field, provide the name of the college, university, or other educational institution where the provider received the education for the specialty listed above.
7. In the fields beside the Education field, provide the last date of attendance at that educational institution and indicate the degree obtained at the educational institution (Doctorate, Master's, Bachelor's, or no degree).
8. If enrolling a provider with clinical laboratory certification, indicate the CLIA certificate number, the dates during which the certificate is valid, and the certification level.
9. If enrolling a provider with prescribing privileges, indicate the DEA certificate number and the dates during which the certificate is valid.
10. If enrolling a healthcare organization, indicate whether the organization has certification from the Joint Commission on the Accreditation of Healthcare Organizations (i.e., whether the provider has a JCAHO number) as well as the dates during which the certificate is valid.
11. If enrolling a pharmacy, indicate the National Association of Boards of Pharmacy (NABP) certificate number as well as the dates during which the certificate is valid.
12. In the Medicare Certificate fields, provide the Medicare certification number for the specialty listed in [step 2](#). Also indicate the dates during which the certificate is valid.
13. Choose the **Add This Specialty** button. If another specialty needs to be added to this service location complete [steps 1 through 4](#).

After completing the fields on this window, do one of the following:

- To save the enrollment progress and continue, click the **Next** button. Proceed with the next section.
- To save the enrollment progress and return to the previous step, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.

9.5 Indicate Program Participation

On the Programs window, indicate whether the provider enrolling participates in certain State Medicaid programs. The programs listed on this window are relevant to the provider's type. The Programs window is shown in **Figure 9-5** below.

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Enrollment

Increase Text Size

Programs

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Does this Service Location participate in any of the following programs?

Primary Care Case Management Program (PCCM) Yes No

Is this site interested in participating in our Primary Care Case Management program? Yes No

Maine Breast and Cervical Health Program Yes No

Do you provide services to the children covered by Children with Special Health Needs (CSHN) program? Yes No

Is this site interested in participating in our Children with Special Health Needs program? Yes No

Will you be providing non-Medicaid services at the request of Adult Protective Services? Yes No

Is this site interested in providing non-Medicaid services at the request of Adult Protective Services? Yes No

Will you be providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes No

Is this site interested in providing non-Medicaid services to eligible children and families being serviced by the Child Welfare Program? Yes No

Next Previous Save and Close

Figure 9-5: Programs

To complete this window, follow these steps:

1. For each listed program, indicate whether the provider participates. Choose **Yes** if the provider participates, or choose **No** if the provider does not participate.
 - For certain programs in which the provider participates, the user may be asked to supply the provider's program identification number. If requested, this number is required.
 - For each program in which the provider currently does not participate, indicate whether the provider is interested in participating.
 - Depending on the provider type and specialty chosen at the service location, the list of **programs** offered for participation may vary.

After completing this window, do one of the following:

- To save the enrollment progress and continue, click the **Next** button. If the user indicated that the provider currently participates in the PCCM program, proceed with the next section.
- To save the enrollment progress and return to the previous step, click the **Previous** button. Return to the previous section.
- To save and continue the enrollment process later, click the **Save and Close** button.

9.6 Specify PCCM Information

If the user indicated that the service location would be participating in the PCCM program, the PCCM Information window displays. On this window, the user can specify required PCCM program information. An example of this window is shown in **Figure 9-6** below.

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

Total number of patients * Services limited to ages of * to *

Practice limited to

Delete

Practice Limit Add

* ☒ We will be an OPEN PCP Site, accepting new Medicaid Patients

☐ We will be a CLOSED PCP Site and will provide services only to those Medicaid patients for whom we already provide services or approved site patient acceptance practice.

After Regular Office Hours Enter at least one *

☐ Answering service contacts the site or covering Medicaid Provider

☐ Answering machine directs patients to call a covering Medicaid Provider

☐ Call forwarding transfers calls to another location where someone can contact the site or a covering Medicaid Provider

☐ Alternate coverage arrangement - Explain detail

Details

24-hour Phone Number *

The Department allows you to exclude certain patients from the PCP site when:

* A lawsuit exists between you or the site and the patient: or

* the patient has been formally discharged from your practice

Number of patients you are excluding

Identify Excluded Patients

Delete

Medicaid ID Add

[Link to PCCM Terms & Conditions](#)

Figure 9-6: Primary Care Case Management

To complete this window, follow these steps. Unless otherwise indicated, all fields are required.

1. In the Total Number of Patients field, indicate the total number of patients on the site panel.
2. In the Services Limited to Ages Of fields, indicate the minimum and maximum ages, in years, to which services are limited. For infants, specify 0 years. For maximum age, the greatest allowed value is 112 years.
3. If there are practice limitations for this service location, the user must populate the **Practice Limited To** list. To do so, select the appropriate limitation from the drop down list and click Add. The user may specify as many limitations as exist for the service location.
4. Indicate whether this service location will be an open PCP site (accepting new Medicaid patients) or closed (providing services only to current patients).
5. In the After Regular Office Hours section, indicate what happens when a patient calls the 24-hour telephone number. The user may choose more than one action, but at least one must be chosen. The choices are:
 - a. An answering service contacts the site or the covering Medicaid provider.
 - b. An answering machine directs patients to call a covering Medicaid provider.
 - c. The call is transferred to another location, where someone can contact the site or a covering Medicaid physician.
 - d. There is an alternate coverage arrangement. If an alternate arrangement exists, the user must explain it in detail in the box below this choice.
6. In the 24-hour Phone Number field, provide the site's 24-hour telephone number. This is a requirement of participation in the PCCM program.

In the final section of this window, the user can address any patients that are excluded from the PCP site. Exclusion of certain patients is allowed either when a lawsuit exists between the patient and either the provider or the site or when the patient has been formally discharged from the practice.

7. In the patient exclusion fields, indicate the number of patients that are being excluded and specify the Medicaid ID for each excluded patient. If excluding one or more patients, the provider is required to provide the Medicaid IDs for those patients.

Do one of the following:

- To save the enrollment progress and continue to the next window, click the **Next** button.
- To save the enrollment progress and return to the previous window, click the **Previous** button.
- To save and continue the enrollment process later, click the **Save and Close** button.

9.7 Continue to the Documentation Segment

After clicking the Next button (either on the Programs window, if not participating in the PCCM program, or on the PCCM Information window), the online portal returns the user to the Add Service Location panel. To add another service location, repeat the same steps used to create the first service location starting in **Section 9.2: Provide a Service Location Name**.

If there is no need to add another service location, click the **No, I'm Done** button see **Figure 9-1**. The online portal closes the Add Service Location panel and displays a summary of the defined service locations. To continue with the next segment, click the **Next** button. Continue with the next section.

10. Complete the Documentation Segment

10.1 Overview

The final segment of the enrollment process presents policy sections and other documents to which the provider must attest as well as documents that must be signed and either scanned and uploaded or mailed in.

10.2 Attest to Additional Terms

The Additional Terms window, displays policy sections to which the provider must attest. The online portal displays the appropriate documents based on all the provider types and specialties that were specified for the provider's service locations. An example of this window appears in **Figure 10-1** below.



Figure 10-1: Additional Terms Attestation

To complete this window, click the **link** to access the document, read the document and click the **checkbox** next to the document name to attest that has read it and agrees to its terms and conditions.

Every provider must attest to Chapter One, [MaineCare General Administrative Policies and Procedures](#). Depending on the provider type and specialties chosen in the application, there may be additional **attestations** to Policy requiring the provider's sign off.

After reviewing and attesting to all the documents, do one of the following:

- To save the enrollment progress and continue to the next window, click the **Next** button.

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- To save the enrollment progress and return to the previous window, click the **Previous** button.
- To save and continue the enrollment process later, click the **Save and Close** button.

10.3 Financial Agreement

On the Financial Agreement window, the user can specify whether they wish to have payments automatically deposited to their bank. An example of this window is shown in **Figure 10-2** below.

The screenshot shows the 'Financial Agreement' window. At the top, it says 'Enumerated As: Type 1 - NPI Individual'. Below that, there are three labels: 'Pay-To Provider ID: NPI -', 'Enrollment Case #:', and 'Status: NEW'. A question is asked: 'Do you wish to have your payments automatically deposited to your bank?' with radio buttons for 'Yes' and 'No'. Below this, there are several required fields (marked with a red asterisk) for financial institution information: 'Provider's Account Number with Financial Institution', 'Name On Account', 'Financial Institution Telephone Number', 'Financial Institution Name', 'Financial Institution Street Address 1', 'ZIP Code/Postal Code', 'City', 'State/Province', 'Type of Account at Financial Institution', 'Financial Institution Routing Number', 'Effective Date (MM/DD/YYYY)' (pre-filled with 09/22/2014), 'Financial Institution Street Address 2', 'County', and 'Country'. At the bottom, there is a text box for 'Vendor/Provider Email Address for EFT Information' and a line of text stating: 'By providing my email address I authorize the State of Maine to send DD/EFT payment details to the following email address.'

Figure 10-2: Financial Information

To complete this window, follow these steps:

- The following question must be answered: **“Do you wish to have your payments automatically deposited to your bank?”** Choose either **Yes** or **No**.
 - If the provider chooses No, they do not want to have payments automatically deposited, there are no additional fields to complete.
 - If the provider chooses Yes, they do want to have payments automatically deposited, follow these steps:
 1. In the Provider's Account Number with Financial Institution field, enter the provider's account number. This is a required field.
 2. In the Name on Account field, supply the name on the account. This is a required field.
 3. In the Financial Institution Telephone Number field, type the telephone number. This is a required field.
 4. In the Financial Institution Name field, supply the name of the bank. This is a required field.
 5. In the Financial Institution Street Address 1 field, type the first line of the financial institution address. This is a required field.
 6. In the Financial Institution Street Address 2 field, type the second line of the financial institution address, if applicable.
 7. In the ZIP/Postal Code field, type the ZIP or postal code for this address. This is a required field.
 8. After entering the ZIP or Postal Code, the City, County, State/Province and Country fields are automatically populated. Verify that these fields contain the correct information.

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9. In the Type of Account at Financial Institution field, click the **drop down arrow** and choose either **Checking** or **Savings**. This is a required field.
10. In the Financial Institution Routing Number field, type the routing number for the bank. This is a required field.
11. The Effective Date field will be auto-populated by the online portal. (The provider's effective date will be determined once the EFT enrollment has been processed.)
12. In the Vendor/Provider Email Address for EFT information field, type the Vendor or Provider email address.

After completing all of the required fields, do one of the following:

- To save the enrollment progress and continue to the next window, click the **Next** button.
- To save the enrollment progress and return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click the **Save and Close** button.

10.4 Finalize Required Documentation

On the Documentation window, the online portal provides a list of documents that are required to complete the enrollment application. An example of this window appears in **Figure 10-3** below.

Documentation Enumerated As: 1

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

The following documents are required as part of your Provider Enrollment application. Images of documents can be uploaded with your electronic application. However, documents that are marked with an 'X' in the Document Mail-In column are required to be printed, signed by the applicant, and mailed to:

MaineCare Provider Enrollment
P.O. Box 1024
Augusta, ME 04332-1024

Also Note: You must mail in a copy of ALL Certificates and any License type entered as 'Other' or 'Multiple'. Include these documents with your Cover Sheet and Provider Agreement.

Document Name	Download for Submission	Method of Submission	Upload	Submitted/Signed Documents
* Electronic Funds Transfer (EFT) Authorization Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
* Bank Letter or Cancelled Check	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View
* Disclosure of Ownership and Control Interest	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	Review Before Signing
* Medicaid Provider Agreement	Download	<input type="radio"/> Upload <input type="radio"/> Mail In <input type="radio"/> Sign Electronically	Upload	View

Next Previous Save and Close

Figure 10-3: Documentation

The documents on this window are displayed based on all the provider types and specialties that were specified for the provider's service locations. Depending on which forms are listed, the user may be allowed to sign the form electronically, download a copy of the form, upload a scanned image of the completed form, or mail in a completed form.

- Disclosure of Ownership and Control Interest document will always be signed electronically.
- The provider must print off, sign, and mail in the Medicaid Provider Agreement to the address shown on the window.

Depending on the provider type(s) and specialties chosen in the application there may be additional **documentation** that can be signed electronically or needs to be signed and mailed to MaineCare.

For documents that are signed electronically, do the following:

1. Click the **Review Before Signing** button to view a PDF of the form.
2. Review the form's contents.
3. Do one of the following:
 - a. If the form is acceptable, return to this window and click **Sign Electronically** in the row for the viewed form.
 - b. If the form is unacceptable, return to the appropriate window to modify the data for the form.

For documents that may be downloaded, click the **Download** button in the row for the form the user wants to download. Follow the normal procedures for downloading forms and for viewing and printing PDF files.

For documents for which the user may upload a scanned image, do the following:

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Scan the completed form, following the normal procedures for doing so.
5. Return to this window.
6. In the **Method of Submission** column for the form the user wants to upload, select **Upload**.
7. Click the **Upload** button for the form the user wants to upload.
8. Follow the prompts.

For documents the user wants to mail in, do the following:

1. Download a copy of the form, as noted above.
2. Print the form.
3. Complete the form, according its instructions.
4. Indicate the Enrollment Case Number at the top of the form.
5. Mail the completed forms to the address noted at the top of this window.

After completing the tasks for the documents listed on this window, do one of the following:

- To save the enrollment progress and continue to the next window, click the **Next** button.
- To return to the previous window, click the **Previous** button.
- To save and continue with the enrollment process later, click **Save and Close**.

11. Sign the Application Electronically

After the user has addressed all the documentation on the previous window, the final step is to sign the application electronically on the Signature and Submission window. An example of this window is shown in **Figure 11-1** below.

ent Increase Text Size

Signature and Submission Enumerated As: Type 1 - NPI Individual)

Pay-To Provider ID: NPI - Enrollment Case #: Status: NEW

I certify that the information contained herein is true, correct and complete.
If I become aware that any information in this form is not true, correct or complete,
I agree to notify the Medicaid Provider Enrollment Unit of this fact immediately.
I authorize the Medicaid Provider Enrollment Unit to verify the information contained herein.
I understand that a change in the incorporation of my organization or my status as an individual or
group biller may require a new application.

Provider Application Electronic Signature

Provider Name *

Signatory Name *

Signatory SSN or FEIN *

Date *

Submit Previous Save and Close

Figure 11-1: Signature and Submission

All electronic signature fields must be completed. This combination of the provider's name, the signatory's name, the signatory's SSN or Group's FEIN, and today's date (ensure the dates are entered in the format MM/DD/YYYY) ensures that the electronic signature is unique to the provider.

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After the user has completed the fields on the Signature and Submission window, click the **Submit** button. The online portal submits the application and displays the Summary window, as shown in **Figure 11-2** below.

Summary Enumerated As: Pay-To Provider ID: NPI - Enrollment Case #: Status: SUBMITTED

Thank you for your Medicaid Provider Enrollment application.

You will be advised when the application has been approved. You can view the status of your application by returning to this web site at <https://mainecare.maine.gov>, using your user ID and password.

Required Documentation

The list of documents shown below include a checklist coversheet that you will need to print out and include in all mailings. Additionally, there are links to documents requiring your signature and documents that you have not already uploaded to us. You will need to download, print, sign and then mail all of these, along with the coversheet, to us.

* Indicates Required Documents		
Document Name	Download for Submission	Submitted/Signed Documents
* Cover Sheet	Download	View
* Electronic Funds Transfer (EFT) Authorization Agreement	Download	View
* Bank Letter or Cancelled Check	Download	View
* Disclosure of Ownership and Control Interest	Download	View
* Medicaid Provider Agreement	Download	View

[Return To Home Page](#) [Save and Close](#)

Figure 11-2: Summary

Notice that the Status field at the top of the window now indicates that the application has been submitted.

The text on this window indicates that the provider will be notified when the application has been approved. Additionally, it provides instructions for checking the status of the application. In the Required

Documentation section, the online portal displays a table that contains all the documents that were addressed previously on the Documentation window. The user can click the **View** button to view them. Additionally, if needed, the user can download any documents that have an active **Download** button beside them.

12. Wrapping Up

After completing the electronic enrollment, every applicant must complete online, print, sign, and mail in a Vendor Activation Form along with the other Enrollment documents. The Vendor Activation Form is found on the State Controller's website at <http://www.maine.gov/osc/accounting/vendor.htm> or on the left menu of the **Provider Tab** on the **online portal** under **Provider Useful Links**.

There may be additional **documentation** that needs to be mailed depending on the provider types and specialties chosen in the application. Mail all these items to:

MaineCare Provider Enrollment
P.O. Box 1024
Augusta, Maine 04332-1024

Alternatively, Fax to: 1-877-314-8776

Print a cover sheet to include with any documents that are being mailed. Click the **Download** button to download this document. Follow the normal procedures for printing.

Follow the instructions on the cover sheet to prepare the mailing, and send the cover sheet and documents to the indicated address.